



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

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MINUTES

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: January 28, 2015
12:00 p.m.

Las Vegas: DCFS (Department of Child and Family Services)
6171 W. Charleston Blvd, Bldg. 8, Room B
Las Vegas, NV 89146

Carson City: B&I Director's Office
Large Conference Room
1830 College Parkway, Suite 100
Carson City, NV 89706

*Please note agenda items were presented out of order. Agenda Item 6 was presented after Agenda Item 7, so please keep that in mind when reading the comments made by participants.

- I. Ms. Crandy called the meeting for the Commission on Autism Spectrum Disorders to order at 12:04 p.m.

Members Present: Jan Crandy, Mary Liveratti, Korri Ward, Shannon Crozier

Members Absent: Keri Altig

Guests: Julie Ostrovsky, Mark Olson, Michele Tombari, Julie Ostrovsky, Kelli Walker, Renee Portnell, Rebecca Arbon, Shannon Sprout, Coleen Lawrence, Erik Lovaas, Charles Marriott, Lynda Tache, Lynette Medina, Ken MacAleese, Pat Ghezzi, Morgan Alldredge

Staff Present: Carol Reitz, Julie Kotchevar, Brook Adie

A quorum was declared.

- II. **Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

There was no public comment.

- III. **Approval of the Minutes from December 22, 2014 Meeting.**

This item was tabled until the next meeting.

- IV. **Presentation of Medicaid Coverage of Applied Behavior Analysis (ABA) Treatment for Autism**

Ms. Sprout presented the background of in July CMS released guidance on services for children with Autism Spectrum Disorders to include a comprehensive array of services which includes behavior interventions, PT (physical therapy), OT (occupational therapy), and speech. The Division of Healthcare Finance and Policy has been working to develop a medical coverage policy and provider qualifications and billing codes for applied behavior analysis. The process was started as soon as they received the information from CMS and to date have held three workshops. Through the workshops, they gained stakeholder input on medical coverage policy, provider qualifications and the billing codes to draft the policy. They have put the policy into their internal review process.

The provider qualifications that can provide ABA services would be psychologists, licensed behavior analysts that can do the assessments and evaluations. The behavior intervention can be done by psychologist, a licensed behavior analyst, a licensed assistant behavior analyst, a certified autism behavior interventionist and a registered behavioral technician.

The billing codes would be for categorically needy individuals under the age of 21 including children with ASD to receive behavioral screening, comprehensive diagnosis, adaptive behavioral treatment interventions and adaptive behavioral family treatment. The services will be required to obtain prior authorization for the intervention. The screening and the evaluation do not require prior authorization; however, they are limited to one in 180 days and what is overwritten by a prior authorization.

Currently they are working to develop a system so it goes through a claim system. This will create a new provider type that will house the provider qualifications and all of the billing codes. They will be using a new CPT category 3 codes. They were decided in meeting with the stakeholders.

They have also drafted the State Plan Amendment (SPA). The SPA was presented in the last workshop in December. They sent the draft of the SPA to CMS at the end of December and have been working with them to assure

accuracy. Once that is completed they will put the SPA into the internal review process.

The MMIS (Medicaid Management Information System) is continuing to be developed. They are working with all of the vendors to ensure system will be ready on January 1st, 2016. The SPA will be out for a public hearing in October.

Ms. Liveratti asked if CMS had to have a 90-day period to review and was concerned the January 1st date would be pushed back. Ms. Lawrence said they are working on two parallel tracks behind the scenes. She said the first workshop was based on the coverage which was the policy movement. The rates unit is doing research behind the scenes and will be contacting stakeholders to work on the rates methodology. She told Ms. Liveratti that rates needs the October hearing date to be able to do a January effective date.

Ms. Lawrence told the Commission that when they say they are working with CMS on the SPA, they are only talking to them about the coverage side and not the rate side. The rate side will be working with stakeholders to go through reimbursement methodology.

Ms. Crandy asked when the provider rates workshop would occur. Ms. Lawrence said it should happen before October. She added that the public hearing is the very last leg of everything. She said the public hearing for coverage and rates will happen at one time. That is when everything is completed and is ready to be enacted which will be October. She said they will follow up with the Commission for the rates workshop.

Ms. Sprout said they have worked through the policy development. The next step is the rates workshop. They are working on gathering information and methodology and will be scheduling the workshop soon.

Ms. Sprout told the Commission that one of issues that has been addressed is the access to care and moving to RBTs. The behavior interventionist out in the community providing services currently will need to begin transitioning to RBT certification or CABI. They will be participating in a workgroup to develop that RBT transition so by the time the policy is effective and becomes live, the RBTs will meet the provider qualifications so they may enroll and provide services.

Ms. Crandy said there is a pathway for people to become RBTs if they choose to be one. They may not want to be a Medicaid provider and may continue to provide services as an interventionist. She added it is about making it lucrative enough that people want to do that.

Ms. Crandy asked about the timeframe for the internal review process for the policy. She also asked about physician approval for the ongoing treatment plan in the SPA. Ms. Sprout said the corrections were made to the final version of the draft of the SPA. She said the internal review process does not have a specified timeframe. The SPA for both the chapter and the rates have to go through the internal process which they are keeping a very close monitor on that. Ms. Lawrence added that they did incorporate the changes regarding the physicians.

Ms. Crandy asked if the physician approval for the treatment plan has been removed from the policy. Ms. Sprout said that was correct.

Ms. Crandy asked if they are still within the guidelines of giving the tribal notification 90 days for the rates provider workshop. Ms. Sprout said the tribal notification letter is 60 days. She said they have sent out the tribal notification letter that has encompassed everything that needs to be done with the policy.

Ms. Crandy asked if the rates workshop can be seen sooner than the 60 days. Ms. Lawrence said they would have to defer to the rates department. The rates department will put out a timeline by next week which will include the workshop.

Ms. Sprout said they have also done outreach. They have provided information on ABA. They have released a Web announcement around ABA services. They also have presentations scheduled over the next month out in the community around ABA services. They will be presenting on ABA at the Act Early Summit. They have also developed an ABA webpage. That webpage can be accessed through the dhcfp.nv.gov. In the left-hand tree there is a link to the Medicaid program. The first window is the ABA services which is dedicated to resources and workshops. There is an ABA services email address.

Ms. Crandy asked why they are waiting until January 1st when the directive from the Federal Government came July 7th, 2014. She added it is a federal match that helps pay for treatment for children. The families have already been waiting a very long time to have access to treatment and their outcomes are changing by not treating them earlier. Ms. Lawrence said they work for the Executive Branch and as the Governor stated autism services is a priority.

Ms. Liveratti asked how much of the budget was for Medicaid services. Ms. Kotchevar said \$44.5 million of the \$73 million budget is for Medicaid services. She added that the decision made by the Governor for Medicaid and ATAP (Autism Treatment Assistance Program) are based on a full assessment of the Governor's priorities and the priorities of the State. They

are concerned about provider implementation. She added that \$73 million is a lot of money that came out of a very tight budget.

Ms. Crandy said she is grateful for the funding for autism. She said they need to fix the private insurance problem. Ms. Kotchevar said the Governor was very skeptical about having enough providers. They asked how they will have enough providers to go from serving 570 kids to a combined total of 2400 kids in just the biennium. She said they asked during her budget presentation how many providers they currently have and how many they are expecting to have and how they are possibly going to go from \$10 million and 570 kids to \$73 million to 2000 plus kids.

Ms. Crandy said she has been talking to a number of providers that are worried since they don't have kids coming to them. She added they can't build staff unless you have kids to serve.

Ms. Kotchevar said it has been difficult to make projections of how many providers they have and how many they will need. It depends on how many are going to have Medicaid and how many will be on ATAP. It also depends on what the Medicaid rates will be. The Legislators were concerned that they were taking money away from other agencies to give to ATAP and not knowing if there will be enough providers.

Ms. Kotchevar said the CABI has been prohibitive. She said it is great that Medicaid is providing the RBT path which will provide a lot more flexibility and a much lower cost. She said the first year is important to motivate the community as a whole to get kids into treatment which will determine what happens in the second year.

Ms. Ward asked if Medicaid is working with the Governor's Workforce Investment Board. Ms. Kotchevar said they have been talking to Voc Rehab and the Workforce Investment Board and different areas that have money to put towards training. She said that is an area that the Director's Office is looking at.

Ms. Sprout said RBT is new territory and they are looking at the whole picture so that the transition can occur by January. Ms. Crandy said she will share later to the workgroup for Medicaid to build RBT and try to recruit providers to Nevada. Ms. Crandy said the timeline for Medicaid expected by February 10th will be shared on the Autism Commission website.

V. Discussion of ADSD's Budget Request for Autism and the Governor's Proposed Budget

Ms. Crandy asked Ms. Kotchevar to talk about the difference between the agency's budget request and the Governor's budget. Ms. Kotchevar said the

budget looks different than how it looked originally. Autism became a major budget initiative which we did not have prior to that. It was due to the combined implementation between ATAP and Medicaid in order to serve as many children as possible.

Autism received additional money to serve up to 2464 people combined. There is a chart that was presented to the Legislators to help understand that there are still 6,000 children who are identified or have a determination of autism.

Ms. Kotchevar explained the way the budget works is you get a base. ATAP received additional money in the second year of the biennium last time which went up to \$7 million. They then do an M unit which is a maintenance unit which is increased based on caseload.

Ms. Crandy asked how much total ATAP received in the last biennium. Ms. Kotchevar said it was slightly under \$11 million total over the biennium. That was much more in the second year than in the first which is typical. Ms. Kotchevar said in the first year they received an additional 4.8 and in the second year, it was 7.3 over. Combined it is a total of 28.9 million over the biennium which will allow ATAP to serve an additional 264 children. The projection is that they will still end with a waitlist of 1,000 kids. ATAP is currently receiving 40-45 referrals a month. The average wait time currently is 260 days for treatment.

Ms. Crandy asked about what their projection wait time will be. Ms. Kotchevar said they are hoping the wait time will decrease once Medicaid starts paying for services but they are unsure. Their estimate of the penetration rate for Medicaid coverage is 30%. Ms. Kotchevar informed the Commission that in the second year with the 7.3 million of additional funds, they are holding 2.2 million of it in reserve because they don't think they can spend it. She will have to go to the interim finance committee in the second year with evidence to prove that they can actually spend it and that there are providers in place to receive the children in order to get the 2.2 million.

Ms. Crandy asked if there was any discussion about provider or plan rate changes. Ms. Kotchevar said they can be discussed but they need to keep in mind that the budget is built on an average cost per child and any changes made to rates or hours is going to mean that fewer children are served. She stated last time the budget was built on \$1350 per child and currently they are at \$1575. This is largely because younger kids are being served more and it costs more. Last time they were hard locked to a number since it was based on serving 50% of the children on the waitlist, so this year it was based on average cost per child.

Ms. Crozier asked about being able to spend the money and the number of kids and quality of service that they can give to those kids. She is concerned when kids with severe behaviors are on \$700 treatment plans and require four hours of supervision, it does not provide them with ethical levels of treatment and service. Ms. Kotchevar said last time they were locked to the number since they had to serve a certain amount of kids which didn't allow for any flexibility. This time they are not locked into the ratios and are trying to figure out the best way to be person-centered and giving children individualized treatment and manage the program and the caseload. This is a constant balance since there are some high-intensity children that require a customized plan which may cost more. She added there should be discussion with the Commission on how to do individualized treatment since person-centered planning and individualized treatment is part of the strategic plan.

Ms. Liveratti asked about increasing the plan amounts or providing ATAP with a range of dollars. Ms. Kotchevar said it comes down to each month there is an average taken of the total cost case and that is how it is decided on how many more kids can come on.

Ms. Crandy asked if some plans are individualized. Ms. Kotchevar said yes, that they are not restricted and there are a number of individualized plans currently.

Ms. Crozier asked how that is achieved, whether that comes from the provider advocating. Ms. Kotchevar said it is a discussion with the provider, the case manager and the family and it is brought to the attention of Ms. Adie and Ms. Kotchevar.

Ms. Crandy asked if children on the comprehensive plan can get more funding so they may receive 25 hours of treatment. Ms. Kotchevar said there has been discussion about how they can move to a model that they are fully funding the total hours. She added that one of the barriers that have come up is that ATAP was always billed as an assistance program and part of it is that Legislators are happy that they don't pay the full cost of treatment and families have to contribute a portion of it.

Ms. Crozier said ATAP is funding plans below the national certification requirement which means as practicing BCBAs, if there was an audit they can have their license revoked by working in the ATAP plan. She stated that the BACB (Behavior Analyst Certification Board) has made it known that audits are on the increase.

Ms. Crandy said in the BACB Guidelines, a comprehensive plan is 26-40 hours a week. Ms. Crozier asked if parents are required to be supervised by the BCBAs if they are performing some of the treatment.

Ms. Kotchevar said they are willing to discuss different plans but wanted to remind everyone that ATAP is an assistance program and they are limited as to what they can pay for. Ms. Liveratti said it can happen but they would have to serve fewer children. Ms. Crandy reiterated that ATAP is an assistance program. She has heard concern from the providers of how much supervision ATAP allows.

Ms. Crandy asked if the budget affected respite, Home and Community Based waivers, regional centers, or Early Intervention. Ms. Kotchevar said the Family Preservation programs that provide a monthly stipend for individuals who have a profound intellectual disability were given slightly more funds to serve an extra 41 families. The Home and Community Based Waivers for seniors received reductions in what they asked for.

Ms. Crandy asked how many families the Family Preservation is currently serving. Ms. Kotchevar said she thought it was 130 and will be getting 41 more.

Ms. Kotchevar said developmental services received some increases but not as much as they had asked for. They are only getting 24 additional staff statewide. The Assistive Technology program got additional money to keep up with the consumer price index. Early Intervention got some additional money for one and a half additional staff to do intake and additional money to serve another 193 children to keep up with the growth that they have seen. Developmental Services received a slight provider rate adjustment: 5.7% in the second year. Developmental service providers are the only providers that are paid less than the Medicaid reimbursement rate. ADSD got small amounts of money to update the strategic plan for seniors and persons with disabilities, to support the boards and commissions, support the Taskforce on Alzheimer's, and the Integrated Employment Taskforce. Early Intervention got a little bit of audiology equipment to do infant hearing screenings in the home. They got IT computers replaced on the five-year equipment replacement schedule.

Ms. Kotchevar said the WIN (Waiver for Independent Nevadans), which is the Medicaid waiver for persons with intellectual disabilities, will be transferring to ADSD. Ms. Crandy asked what that means for children in Early Intervention getting ABA treatment sooner. Ms. Kotchevar said the Board of Examiners has combined the provider agreements for ATAP and Early Intervention so they may share providers. This means all the kids in Early Intervention can access the providers that ATAP has for autism services.

Ms. Crozier asked how those rates are going to break down and translate to Early Intervention work. Ms. Kotchevar said the Early Intervention kids will receive customized behavior plans and the full cost will be covered. The

rates will be structured differently. Early Intervention pays for the interventionists directly themselves unless they go through a BCBA that is all inclusive, and then they will negotiate the plan cost. Early Intervention bills Medicaid and private insurance but they are prohibited from billing private insurance for behavior therapy.

Ms. Crandy said she was recently at a family support meeting and there were five different families whom had kids that were three years old that just came out of Early Intervention but did not know about ATAP. Ms. Kotchevar said every family that receives a diagnosis through Early Interventions gets a complete booklet that includes a 100-Day Toolkit from Autism Speaks, ATAP brochure and referral. Ms. Crandy said most families are overwhelmed and are not going through the booklet and Early Intervention staff should do the referral with the family before leaving.

Ms. Kotchevar said she will bring it up at the behavior intervention meeting with ATAP and Early Intervention that they need to be doing the actual referral. Ms. Ward said the families in Elko are not finding out about ATAP from Early Intervention. She asked if someone from ATAP can go to the exit meeting at Early Intervention. Ms. Kotchevar said Early Intervention needs to follow the FERPA laws which are significantly more stringent than HIPAA. In order for Early Intervention to give the name to ATAP, they have to get the parent signature.

Ms. Crandy asked if there has been an increase in the number of two-year-olds on the ATAP waitlist. Ms. Kotchevar said there is an increase. Ms. Kotchevar asked if ATAP can do parent support groups at Early Intervention. Ms. Kotchevar said that was one of the reasons why ATAP in Southern Nevada was relocated to the Early Intervention building so they can schedule to have ATAP family support meetings at the Early Intervention site.

Ms. Crandy asked if it is possible to require all Early Intervention staff to read the study that Autism treatment produces greatest gains when treatment is started before the age of two. Ms. Kotchevar said they have monthly required staff meetings for developmental specialists and they can do a presentation at the next meeting. She added that some of the new developmental specialists right out of the universities, their developmental classes focus a lot on helping families to help their children reach typical development and the focus is on the developmental delays and they don't focus on what happens when there is autism where you can't coach parents into helping overcome autism.

Ms. Liveratti asked about the projection of children that will be covered under Medicaid. Ms. Kotchevar said 1980 will be covered under Medicaid. Ms. Crandy asked if Early Intervention will be able to bill for children earlier than January 1st. Ms. Kotchevar said no. Early Intervention can only bill private insurance and Medicaid for habilitative services meaning PT, OT and speech

now with parental permission. Early Intervention is legally precluded from billing private insurance for behavior therapy.

Ms. Crandy asked if ADSD says they'll support AB6, can they have the change that Early Intervention is allowed to bill private insurance. Ms. Kotchevar said they can't come out and do that but they can show that it has a positive effect by possibly reducing the general fund expenditure. Ms. Crandy said under Medicaid, the children will stay in ATAP but Medicaid will pay ATAP back for whatever services they provide. Ms. Kotchevar said if a family opts to stay with ATAP that are Medicaid eligible, then they will bill Medicaid for the services. If you look at ADSD's budget, it says general fund and other; other is a combination of tobacco money and Medicaid revenue.

Ms. Crandy asked if Medicaid-eligible families would get the ATAP plan or if they would get what is medically necessary. Ms. Kotchevar said they would get what is medically necessary. It was brought up that all the interventionists would have to be RBTs since they would have to follow the Medicaid provider requirement. Ms. Kotchevar said ATAP would be doing the billing. They would bill Medicaid.

Ms. Ward said Clark County School District used to bill Medicaid for services even though parents were not able to access Medicaid and asked if ATAP would be doing the same thing. Ms. Kotchevar said families would have to qualify for Medicaid in order for ATAP to bill for their services.

Mr. Olson said the 5.7% increase for developmental service providers is the first increase in ten years. He asked how many slots were available for the HCBW and DD waiver. Ms. Kotchevar said she will get the information breakdown to Mr. Olson. Ms. Liveratti and Ms. Crandy said they would like to see the breakdown of the waivers as well.

Ms. Crandy asked if by the end of 2017 there will be 800 plus kids on ATAP. Ms. Kotchevar said that is an approximation and 30% of those kids will be on Medicaid. Ms. Crandy asked what Ms. Kotchevar would like the Commission to do in the budgets going forward with Legislators. Ms. Kotchevar said it is helpful when people testify at the Legislative sessions.

Ms. Kotchevar said Assemblywoman Titus and others will be educated in understanding the breakdown of treatment. They are dividing the \$73 million by the number of kids that are being served but are not taking into consideration the 25 hours of treatment that adds up. Ms. Crandy said maybe it would be beneficial to show the Legislators a cost analysis of how Nevada compares to other states on treatment.

Ms. Liveratti asked when the next budget hearing is scheduled. Ms. Kotchevar said she's hoping for the end of February.

VI. Discussion and Recommendations for Bills Related to Autism and Disability Services and Insurance Coverage

Ms. Crandy said March 6 is the day that Autism Speaks can come out to give testimony to Legislators. Need to have the room filled both in Las Vegas and Carson City. Ms. Liveratti said Commerce meets in the afternoon at 1:30. Ms. Ostrovsky said they can coordinate efforts locally. They can write letters and make phone calls the first week.

Ms. Crandy asked if Ms. Ward can testify about the age on March 6th. Ms. Ward said yes.

Ms. Crandy asked everyone to read the full language in AB6. She believes Touro will be looking at the bill since they had changes that they wanted made last session to the insurance bill which was about the assessment period and the delay. Ms. Crandy asked Autism Speaks to look at AB6. She said if there was some way to get the BACB Guidelines in there, it would be helpful when they are in denial of insurance.

Ms. Crozier informed the Committee about the email that she had just received from Ms. Alldredge. She read the email as follows "The February 12th meeting is a quick teleconference to evaluate a few quick issues that are coming to the Board. I have not been given permission to open the agenda to the public. One of the issues will be the memo presented to the Board regarding AB6. Public Comment is welcome but limited." Ms. Crozier suggested they should continue to prepare the letter and read it during public comment. She added they should inform how much they should highlight their transparency in government.

Ms. Crandy asked if they can contact the AG's office informing them that they were told they can send an email to be on the agenda and now they are saying no. Ms. Liveratti said she can call the AG's office and ask her. They suggested going to the chair to be added to the agenda. Ms. Crozier said she would contact him. Ms. Liveratti said the issue also is that time is of the essence with the Legislature in session next week and if they're going to coordinate they can't be put off until March. Ms. Crozier said the Commission and the Board of Psych is operating from different operating systems with varying agendas.

Ms. Crandy said the handouts were all the pre-filed bills. One list was given to her by Jon Sasser by CSPD (Commission on Service for Persons with Disabilities). The other list is what education is currently watching. There are some licensures on the education list that she wants to look up to make sure it doesn't have to do with the autism licensure.

Ms. Crandy informed the Commission that Assemblywoman Woodbury has been very supportive of autism and has carried a lot of bills for the Commission. She is the chair of the education committee. The bill that she is carrying is the federal policy that was given to the Department of Education that requires schools prior to graduation to do an assessment to ensure students are ready for jobs or careers. There are some that are unable to do the assessment because of their abilities. They are asking in the bill that they be given a Vineland upon exit.

Ms. Ward said the school district just completed her son's last three-year evaluation and the psychologist never saw him. She was unsure if there is a requirement that they have to see the child and they should not be doing an evaluation based on old records.

Ms. Crandy said the language is not out on the bill. The caveat that helps the Commission is that all the scores of the kids with autism are provided to Aging and Disability within that scope of how they currently have to give the number of kids on the spectrum. This will be one of the outcome measures for autism.

Ms. Crandy said Assemblywoman Woodbury would like to carry a bill that allows children to have access to treatment upon a failed screening. She also suggested to allow children to be added to the ATAP waitlist once they fail a screening. She said this is still a BDR and Assemblywoman Woodbury will try to get both topics on the same bill.

Ms. Crandy asked Ms. Kotchevar about giving access to treatment upon a failed screening. Ms. Kotchevar said they have to word it properly since children fail screenings for reasons that have nothing to do with autism. She said most parents are going to assume their child has autism and they are doing something weird with the test when the screening said one thing. They will be upset because they have been misled. The child may have an intellectual disability and the parents may research and get false hope of their child reaching a level that they may never reach.

Ms. Crandy said the screening should be by Early Intervention and suspected before starting treatment. She added nationally they are going toward treatment upon failed screening. Ms. Kotchevar said it has to say a failed screening with certain suspected reasons and should be more prescriptive.

Ms. Crozier said she agrees with both Ms. Crandy and Ms. Kotchevar. Ms. Crandy said the average time on the waitlist is 260 days and they are having to wait that amount of time and missing out on treatment after they get a diagnosis. Ms. Kotchevar said the problem they are trying to solve is earlier diagnosis and treatment and not getting them on a waitlist. She added that within ADSD they are trying to figure out how children who are going through

Early Intervention can continue with treatment once they turn three years of age.

Ms. Crandy asked Mr. MacAleese to talk about the Board of Psychological Examiner's meeting that he attended. Ms. Liveratti also asked him to talk about what he thought the subcommittee is going to recommend to the Board. Mr. MacAleese said from his perspective the subcommittee meeting said they were planning to back away from the CABI training if RBT was ready to go. Their rationale was there was no regulatory process for the "tutor" and wanted to ensure insurance companies have a regulated level of paraprofessionals according to AB162. They said the RBT process is very similar to the CABI. They discussed a lack of local governance. They left the meeting that they were going to back away and have the CABI go to RBT. There was confusion about the legalese of AB6 and when the RBT would go into effect. They did not want to see a time where there was a lapse in regulation. There was no sense of any official position of AB6. They also discussed this would reduce some of their administrative burden and allow them to focus on other pieces.

Ms. Crandy asked if there were any complaints filed to date against CABIs. Mr. MacAleese said he didn't think there was anything major. Ms. Crandy asked if there was any discussion about this becoming a practice act. Mr. MacAleese said he hadn't heard anything about the board pursuing that. He said there are people talking about it, but it was not the first thing they are worried about it.

Ms. Crozier said her diagnostic clinic made a decision that if children have a failed screening and appropriate flags like a sibling with ASD, they will assess them as young as 12 months.

Ms. Crandy asked Ms. Kotchevar if they can work on the language when the bill comes up. Ms. Crandy said there is another bill that Assemblyman Armstrong is carrying that is a BDR that is about job connect training related to autism. Ms. Crandy said they will need an army to get these bills passed. She has a lot of personal issues going on and cannot be at Carson every weekend. She suggested having a team that can do the BDRs. She will go through the list and get more information on the bills. She will email the list out to the group and they can formally decide which ones the Commission wants to support. If it is a disability issue, they should be standing up for everybody altogether.

Ms. Crandy asked Ms. Kotchevar if there were any bills she wanted to comment on. Ms. Kotchevar said Mr. Sasser from CSPD was going to the Legislative meeting that day at 3:30 and she will be attending. She informed the Commission that ADSD is also tracking a number of bills. They are tracking AB6. They have a BDR that is cleanup language for developmental

services because some of the chapter that was left in the mental health chapter needs to be moved. They are interested in the guardianship laws because they are people with disabilities and some are for seniors.

Ms. Crandy asked once the bills are out, if she can let the Commission know how they are going to testify so they can meet. She asked if she can email the Commission and Ms. Kotchevar said yes.

Ms. Crandy asked Ms. Kotchevar how they can make sure the regulations for the ABLE Act are put in place in Nevada. Ms. Kotchevar said it only applies to federal benefits and in order for it to apply for State benefits, it has to be ratified into State statute but an attorney would have to speak to that.

Ms. Crandy asked if CSPD can get the ABLE Act sponsored. Ms. Kotchevar said it is possible to get the bill sponsored but it is getting really late.

Ms. Crandy said they need to get a team together for the March 6th hearing. Autism Speaks is going to testify for Nevada. She is hoping it will be Gina Green since she worked the licensing across the state.

VII. Discussion by the Board of Psychological Examiners on CABI (Certified Autistic Behavior Interventionist) / RBT (Registered Behavior Technician) Credentials and Perspective of AB6

Ms. Crandy asked Dr. Ghezzi and Ms. Alldredge on their perspective of AB6. Ms. Alldredge said they were unable to say too much since the Board has not decided on an official opinion until February 12th. Ms. Crandy said the bill was pulled off the docket since there are some experts lined up to testify in March. She said she would like the Commission and the Board of Psychological Examiners as a whole to be supportive of the bill together so they are open to solutions to remove the \$36,000 insurance cap.

Ms. Alldredge said they are bound by Open Meeting Laws in making an individual decision. Ms. Crandy asked about the RBT. Ms. Alldredge said RBT is a great option but they have to wait until February 12th to release a memo and approve it as a Board. She offered for anyone that wanted to be a part of the meeting on February 12th to send her an email and she would be glad to put them on the agenda list. Ms. Crandy said she would like to be on the agenda. Ms. Alldredge said she needs an email stating this from her. She stated the Board's email address is nbop@govmail.state.nv.us.

Ms. Crandy asked if there was consideration for people that receive the RBT training to receive recognition for the CABI. She asked if they would do away with the CABI altogether. Ms. Alldredge said she couldn't speak for that currently. Ms. Crandy asked Dr. Ghezzi for his opinion. Dr. Ghezzi said they have to be tight-lipped under the Open Meeting Laws about their decision.

He added that the Board is very eager to cooperate with all entities interested in the treatment of the children and families.

Ms. Crandy asked if there was a meeting that already took place on the subject matter. Dr. Ghezzi said there is subcommittee structure within the Board which has met and discussed the issues. They are generating a document that will outline the Board's position. That will be the point at which the details will be discussed.

Ms. Liveratti asked what time the meeting was going to take place on the 12th. Ms. Alldredge said it will be a teleconference at noon.

Ms. Crandy asked what occurred during the last meeting since it was a public meeting. Ms. Liveratti asked if the subcommittee came to any kind of a consensus. Ms. Alldredge said the subcommittee did come to a consensus but it hasn't been approved by the Board so it is considered a vague idea. Ms. Liveratti asked what the subcommittee will be presenting to the Board. Dr. Ghezzi said they will present a document for the Board's approval when the Board meets and not before.

Ms. Liveratti asked if the document will be available before the meeting. Ms. Alldredge said the document has not been finalized and will be available at the meeting. Ms. Crandy asked if the minutes are available yet from the meeting. Ms. Alldredge said the minutes will be available on February 9th since they have 30 days to complete the minutes.

Ms. Liveratti asked who was on the subcommittee. Ms. Alldredge said it is composed of three board members. Dr. Ghezzi is the Chair of the subcommittee, Sheila Young, Pam Becker, and Ms. Alldredge is ex officio. Ms. Alldredge added that they have read the current language of AB6 and they have spoken of options and discussed how the Board should proceed.

Ms. Liveratti asked if Dr. Ghezzi can discuss what would go in the memo at the public meeting. Dr. Ghezzi said they discussed the issues before the subcommittee and not the chapter and verse.

Ms. Crozier asked when the determination would be made for what will be in the memo since it was not discussed at the January meeting. Dr. Ghezzi said it will be determined at the February 12th meeting. They will present to the Board the position they will take on AB6.

Ms. Ostrovsky asked if the minutes from the January meeting have been posted. Ms. Alldredge said they have not been completed and they have 30 days to complete. Ms. Alldredge said she hopes to get the minutes up by next week.

Ms. Liveratti said any action that is taken during a public meeting is open to the public. She said you have to tell people about the action that was taken whether you have the minutes or not.

Ms. Crandy said it seems that during the January meeting, the Psychological Board discussed what was going in the memo and they should be able to share the information now. Ms. Alldredge said the Board set up the subcommittee to provide recommendations and bring them to the Board. The recommendations have not been brought up to the full Board and therefore cannot be thought of as the possession of the Board.

Ms. Crandy said she doesn't understand how it is within the Open Meeting Law rules right now that something that happened publicly cannot be reshared with the Commission now. Ms. Crandy added that the Commission is putting together the team that will be testifying for the bill and they should be prepared before Legislation happens.

Ms. Liveratti asked who was at the meeting. Ms. Alldredge said Dr. Ken MacAleese was also at the meeting.

VIII. Discussion and Recommendations For the Next Steps of the Five-Year Strategic Plan

This item was tabled until the next meeting.

IX. Discussion and Recommendation for Creation of Subcommittee to Generate RBT Credentialed Interventionists

Ms. Crandy asked Dr. Ghezzi if he would consider being on the RBT subcommittee. Dr. Ghezzi did not respond and it was noted that he had already left the teleconference. Ms. Crandy asked Ms. Alldredge if the Board would consider having someone on the RBT subcommittee. Ms. Alldredge said for a request such as that, the Commission would need to send an email and it will be discussed at a Board meeting and appoint someone.

Ms. Crandy asked Ms. Alldredge if she emails her that request, if she can put it on the agenda. Ms. Alldredge said she can do that.

Ms. Crandy said she will chair the RBT subcommittee. They will need to find funds to pay for the RBT training. Ms. Crozier said the UNLV Center for Autism is working to get a RBT compliant 40-hour online training launched by the third week of February. She added that it will be approximately \$75 per person. She said she has spoken to some of the board members on the Board of Psychological Examiners that this needs to be a Nevada specific training and exam. There will have to be a 60- or 90-minute training on Nevada requirements separate from the 40-hours for the RBT.

Ms. Crandy asked if there will be a separate charge for the Nevada Law training. Ms. Crozier said they have not decided. It will probably be a nominal cost of \$20. There will be a competency exam by the providers.

Ms. Crandy said the Commission should be talking to high school students about becoming an RBT. She added she hopes that the Board of Psychological Examiners is recognizing if you are an RBT or CABI that they can serve insurance claims especially since Medicaid is going that way.

Ms. Lawrence asked the Commission to keep Medicaid in consideration when they are discussing AB6. She said when they look at the BACB Guidelines, there seems to be something missing. The training hours for RBT are not there. Ms. Crandy said AB6 was designed to remove the CABI requirement for two years since they did not know when the RBT was going to be in place, which it is in place now. The language now is removing the CABI requirement altogether and allowing behavior interventionists that were already working in the field to be able to serve the children too. There are at least 500 behavior interventionists in Nevada that cannot serve kids that are billing insurance. Kids that have insurance that will pay for treatment do not have access to appropriate hours of treatment because there are only 90 to 100 CABIs in the state. Because of the cost of becoming a CABI and the timeframe, it is not lucrative for people to become CABIs. Kids who have insurance are going without treatment.

Ms. Lawrence said if there is a paraprofessional, there needs to be a standardized amount of training available and she doesn't see it in AB6. Ms. Crandy said she was hoping that the Commission can work with the Board of Psychological Examiners to have insurance take the RBT national level of training. Ms. Lawrence said the language of the amount of hours of the RBT training needs to be contained in AB6. Ms. Crandy said the requirements to become an RBT is already defined nationally.

Ms. Kotchevar said she just received an email confirming that the budget hearing is scheduled for Friday, March 6th at 8 a.m. Ms. Crandy said it helps her to work around that date for AB6.

Ms. Crozier made a motion for the Commission to create a subcommittee to generate a plan for RBT credentialed interventionists in Nevada. Ms. Ward seconded the motion. The motion passed.

X. Discussion and Recommendation of Letter to Board of Psychological Examiners to Adopt BACB (Behavior Analyst Certification Board) National Guidelines

Ms. Crandy suggested adding in the letter about the Commission's movement towards the RBT in lieu of the CABI. Ms. Crozier said the Board of Psychological Examiners already voted to adopt portions of the National Guidelines. She suggested referencing and applauding the parts that they already adopted. In their last Board meeting, there was discussion that was coming up that some of the Board members thought they had actually adopted a different portion.

Ms. Crandy asked if the Commission still needs to write a letter to the Commission. Ms. Liveratti said it may be worthwhile to have it because they haven't made a decision yet.

Ms. Crandy asked Ms. Crozier to write the letter and she said yes. Ms. Crandy suggested the letter ask the Board to adopt the whole document and support for the RBT in lieu of the CABI in the letter. The goal is to have the letter presented at the February 12 meeting. Ms. Crandy added that insurance companies are going to have a difficult time removing the \$36,000 cap but may be supportive of following the guidelines which talk about the 10-26 hours and the 26-30 hours based on recommendations.

Ms. Ward said insurance only pays until age 22 and the National Guidelines says there is no cutoff of age. Ms. Crandy told Ms. Ward that is something that she can testify about to remove the age. Ms. Crandy discouraged using the language aligning with the Affordable Care Act because there is a large group of Legislators that do not like the ACA.

Ms. Liveratti told the Commission that she just got off the phone with Linda Anderson, the deputy attorney general. She said the Board of Psychological Examiners is not being transparent in government. They should have been able to share with the Commission anything that was brought up at the public meeting. Ms. Crozier asked if there were any repercussions for it. Ms. Liveratti said she was unsure and thought they can file something with the Attorney General. Ms. Crozier said not every member of the Board is remotely sympathetic with how the two operate and how they operated in the meeting and she will report on it. Ms. Crandy asked about complaining to the Governor's office. Ms. Crozier said it wasn't a bad idea but they should wait until Feb.12 to see how they rule.

Ms. Crandy said Ms. Crozier will write the letter and they can possibly have a paragraph in the letter about the transparency and invited them both to come to the meeting and share how they were going to move forward on the bill and what had happened with the subcommittee. And she added that they want to work together to solve the problems so more kids can have access to treatment.

Ms. Liveratti made a motion that Ms. Crozier will write the letter that BACB Guidelines are adopted in their entirety so treatment hours are supported by insurance, the RBT in lieu of the CABI and what transpired at the meeting. Ms. Ward seconded the motion. The motion passed.

XI. Public Comment

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide secretary with written comments.)

Ms. Crandy informed the Commission that AB6 will be discussed at the Legislative meeting on March 6th.

Ms. Crandy asked Ms. Ward about the thoughts of AB6 in the rural area. Ms. Ward said there doesn't seem to be any opposition to AB6 but there seems to be opposition about making it too big. Ms. Crandy said it will be the insurance companies that come out against AB6.

Ms. Crandy said she will put together the team that will testify for AB6 on March 6th. She said there will be a banner that will fly on March 9th and she is making postcards. They need to find parents who will testify that are on the waitlist for ATAP; families who have insurance but can't access their insurance because there are no CABIs available. For the expert testimony, they need to find a few articulate parents that are good at making their point.

Ms. Crandy said the final strategic plan is posted on the website as well as the letter to the Governor. The letter contains figures and she pulled information from minutes which was part of the overview that you had to have a letter with the executive summary. That letter has some good bullet points about the number of kids affected, the ATAP waitlist, and a good bullet about ABA. This information should be used when they are talking to legislators.

XII. Adjournment

Ms. Crandy adjourned the meeting at 3:06 p.m.

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